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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Nigeria

The Executive Director recommends that the Executive Board approve the country programme of Nigeria for the period 1991 to 1995 in the amount of $65 million from general resources, subject to the availability of funds, and $60 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

** Expenditure for the period 1986-1988 was previously included in document E/ICEF/1989/P/L.8.

THE SITUATION OF CHILDREN AND WOMEN

1. Nigerian children account for one out of every five born in Africa. The country is potentially one of the richest in the continent. Its large land area is suitable for many agricultural and forestry products, and oil and gas account for over 90 per cent of its foreign exchange earnings. The urbanization ratio rose from 19 to 33 per cent between 1963 and 1989, but most Nigerians still live in rural communities of less than 20,000 inhabitants each. Women and men working an average of 2.5 hectares per household produce over 90 per cent of food needs. The informal sector provides at least one half of urban employment and a large part of rural income. The Government-projected 1990 population of 115.4 million consists of ethnic groups ranging in size from a few thousand to many millions. Over 250 languages are spoken and there are roughly equal numbers of Moslems and Christians.

2. The country consists of a federal capital territory and 21 states divided into 453 local government areas, which have elected chairmen and an average population of 245,000. The three separate, but interlocking, levels of government have independent budgets. The federal Government is responsible for national concerns such as defence. Aided by the states, local government areas implement development programmes in agriculture, provide primary and adult education and primary health care (PHC). The federal Government sets sectoral priorities while local governments implement programmes. Traditional rulers remain the most influential local leaders. Nigeria has been under military rule almost continuously since independence in 1960. In 1992, the country will return to an elected civilian Government.

3. The 1970s oil boom allowed for large investments in economic infrastructure and social services. The fall in the price of oil reduced annual foreign exchange earnings from $24 billion to $6 billion between 1981 and 1985. The Government started a structural adjustment programme (SAP) in 1986. While the programme has restrained negative growth rates and improved the balance-of-payments position, annual per capita gross national product (GNP) fell from $640 in 1986 to about $250 by 1989. Formerly classified as middle-income, Nigeria is now a low-income country. Debt rescheduling has lowered interest repayments, but total debt rose from about $18 billion to over $30 billion in 1990.

4. Federal health allocations fell from 6.8 to 1.5 per cent of the total budget between 1986 and 1990. Education receives just over 3 per cent of the budget. Real wages declined by almost 50 per cent and the yearly inflation rate reached 45 per cent between 1987 and 1989. A growing proportion of households has difficulty in meeting basic needs. Malnutrition and unemployment have increased. Enrolment in primary schools declined from 89 to 62 per cent during the 1980s, with the largest decline among girls. Recent surveys by the University of Ibadan found that in five local government areas the proportion of severely malnourished children rose from 9 per cent in 1987 to 14 per cent in 1990. Over 5 million babies are born every year, but one out of seven dies before the age of five. About 50 per cent of the population

has access to modern health care services. Essential drugs are expensive, frequently out of stock, fake or expired. Trained health personnel attend only 40 per cent of deliveries. Only 22 per cent of rural dwellers have adequate supplies of household water. Unsafe waste disposal methods are widespread and increase the risk of life-threatening infections. The average Nigerian child between the ages of 6 and 24 months experiences 4.3 episodes of diarrhoea per year. Despite the emphasis placed on education, literacy rates are 55 per cent for males and 31 per cent for females. National figures do not reflect disparities among regions and socio-economic groups.

5. Life expectancy at birth has risen from 35 years in the 1960s to 54 years in 1989. The Government estimated the 1989 infant mortality rate (IMR) and under-five mortality rate (U5MR) at 85 and 145 per 1,000 live births, respectively. Eighteen per cent of newborn babies have low birth weights. The main causes of childhood mortality and morbidity are malaria, diarrhoeal diseases, acute respiratory infections (ARI), vaccine-preventable diseases and illnesses related to poor nutrition. Intestinal parasites, skin infections, meningitis, yellow fever, onchocerciasis (river blindness) and dracunculiasis (guinea worm disease) are also common. Onchocerciasis affects about 6 million people, while dracunculiasis affects 650,000 people annually, 60 per cent of the global total. The number of confirmed cases of acquired immunodeficiency syndrome (AIDS) is still low, but rising.

6. Women produce much of the country's food, but many mothers are overworked, illiterate, poorly nourished and without means of earning an adequate income. More than one half of all marriages involve girls under the age of 18 years. Total fertility is 6.3 children per woman. Repeated pregnancies at short intervals and until an advanced age increase the risks of complications in pregnancy and childbirth. Poor nutrition, anaemia, inadequate antenatal and postnatal care and low literacy also raise maternal mortality rates (MMRs), which recent government surveys put at about 1,500 per 100,000 live births. Underaged and undereducated girls look after younger children. Boys and girls spend hours fetching firewood and water, selling items in the market and looking after livestock. Their dietary intake is inadequate in energy and crucial nutrients. Feeding practices make little allowance for the needs of young children and pregnant women. Breast-feeding often ceases suddenly during the early part of the second year of life.

7. The Government has adopted a health policy based on PHC, created an agency for mass mobilization and political education, which also promotes child survival, and produced a blueprint on mass literacy. It has set up directorates for employment and food, roads and rural infrastructure and a commission for women. The Persian Gulf crisis has increased oil revenues. The debt burden will fall and the country can avoid disruptions to economic reforms. The medium-term economic outlook is brighter now than at any time since the late 1970s. However, the gap between requirements and the availability of funds has widened. In many sectors, the ratio of operational expenses to personnel costs is deteriorating. Many local government areas face difficulties in providing equipment and maintaining buildings for social services. Salaries and related costs claim between 90 and 95 per cent of all

health expenditures. Even if annual growth rates for the economy (4 per cent) and population (3.3 per cent) remain constant, many Nigerian children and women will continue to suffer from malnutrition and remain vulnerable to preventable threats to their survival and development.

PROGRAMME COOPERATION, 1986-1990

Health

8. The expanded programme on immunization (EPI) and oral rehydration therapy (ORT) were the main elements of early PHC activity in Nigeria. The country launched a revised EPI in 1984 and ORT in 1985. In 1986, the Government allocated $100 million for the phased introduction of PHC. Both EPI and ORT were, and still are, key elements in the reorientation of a health system that previously concentrated on curative services. Since 1986, the programme of cooperation aimed to establish them throughout the country and achieve universal child immunization (UCI). It also included state- and local government area-based projects in water supply and sanitation, integrated community health, early child care and household food security and nutrition.

9. EPI assisted in building an infrastructure at all levels. By mid-1987, EPI was functioning in all local government areas, but coverage was behind target. Many children and pregnant women remained inaccessible and default rates were high. Non-governmental organizations (NGOs) encouraged the Government to organize a series of nine immunization days over three consecutive months in 1988. Advocacy and social mobilization led to a high level of political and budgetary commitment. Eighteen million vaccinations were administered in nine days. In 1989, most States organized their own immunization days. In 1990, the local government areas followed suit with local, district and village immunization days. EPI coverage rose from about 5 to over 60 per cent between 1984 and mid-1990. Tetanus toxoid vaccine will now cover all women of child-bearing age. EPI will soon include yellow fever and cerebro-spinal meningitis immunizations.

10. There is cautious optimism that the country will reach UCI. It is estimated that over 103,000 EPI disease-related deaths were prevented in 1989. EPI has helped to introduce effective managerial processes for improved service delivery. It has strengthened community involvement and cooperation with NGOs. Widespread training, followed by field supervision, has improved the skills of many health staff. Rapid acceleration has narrowed the imbalance between urban and rural areas. The major priority now is to provide daily EPI services as an integral part of PHC and to sustain the achievements of rapid acceleration.

11. The ORT programme assisted the Federal and state governments in establishing systems for ORT promotion at all levels. A national ORT policy was introduced based on the treatment of dehydration by oral rehydration at first referral level and prevention with sugar-salt solution at home. The programme developed high-quality ORT training materials and modules. Over

3,000 ORT units and three national diarrhoea training units are now functioning across the country. Advocacy for political and professional support for diarrhoea control using ORT has been effective. The Federal Minister of Health has instructed states and local government areas not to use government essential drug funds to buy anti-diarrhoeals. The programme succeeded in reducing hospital admissions, the costs of treatment and diarrhoea fatality rates. According to the 1989 in-depth review, the number of deaths attributable to diarrhoea has fallen by 50 per cent since 1986, from 200,000 to 100,000 every year. There are still some 4.3 episodes per year for children between the ages of 6 and 14 months. Considerable effort will be needed if Nigeria is to reach targets of 80 per cent public awareness and 60 per cent practice of ORT.

12. UNICEF worked with the Federal Ministry of Health to develop models for integrated basic services in four of the initial 52 PHC model local government areas. In addition to the eight normal components of PHC, local government areas introduced household food security and nutrition and early child-care development and education. Staff, voluntary health workers and traditional birth attendants (TBAs) underwent training and reorientation in all aspects of PHC. All local government areas in the programme have launched growth-monitoring activities. With Benin and Guinea, Nigeria has been among the pioneers in adopting the Bamako Initiative as a means of accelerating PHC development. The Ministry allocated $2 million for the introduction of the Initiative strategy to revitalize maternal and child health (MCH) and strengthen community participation in four local government areas. Participating States received a World Bank loan for drugs at tertiary and secondary levels. Health staff underwent training in procurement, distribution, cost-sharing and monitoring systems. This led to increased dynamism in village PHC committees, better financial management and greater community participation in health. In addition, PHC is receiving growing political and financial support in the pilot areas. Participating local government areas have achieved high EPI coverage levels. The programme has also strengthened the health information system and planning, monitoring and evaluation. In 1990, the Bamako Initiative approach was implemented in eight other local government areas.

13. Over the last five years, EPI and ORT have contributed to the rapid building of a health infrastructure and delivery systems that will be central to continuing attempts to reduce morbidity and mortality rates. In concert with state governments, and in line with the current emphasis on decentralization, the Ministry recently issued directives that give local government areas total jurisdiction over PHC in their areas beginning in 1991. Many programmes have reached a critical mass of infrastructure and mobilization and gained enough confidence to make a transition to locally managed service delivery, with an emphasis on community participation and sustainability. The greatest need is to strengthen the management of health care delivery at the community level.

14. The programme included household food security and nutrition activities in selected local government areas in different states. The aim was to design and test a model food and nutrition promotion strategy that can be replicated in PHC programmes. The projects follow an intersectoral approach that includes community mobilization, advocacy training and monitoring. After the introduction of improved varieties of planting materials, groups of women farmers underwent training in food processing, storage and marketing technologies. The project helped the groups to gain greater access to land, credit and extension services. Over 11,000 farmers and many women's groups, schools, mosques and churches in the five local government areas have so far received improved cassava varieties, soybean seeds and oil-palm seedlings. Women's nutrition status and access to income have improved. The challenge has been to maintain the balance between food production, income generation and nutrition promotion. Although growth monitoring in developing countries started in Nigeria, there has been only limited application of the approach. Health centres with growth-monitoring activities fail to use the results to involve communities in food and nutrition activities.

Water supply and sanitation

15. Before 1986, national water supply policies excluded sanitation and small rural communities, where about 60 per cent of the population live. The programme assisted six states to carry out health-focused programmes to provide hand-pump equipped boreholes linked with ventilated improved pit latrines and backed up by the deployment of village-based workers. State governments paid recurrent costs, while UNICEF supplied foreign exchange inputs and technical assistance. The programme also assisted the Federal Ministry of Health to improve water supply and sanitation at rural health clinics in 52 local government areas. The programme benefited 1.5 million people and completed 3,000 hand-pump-equipped boreholes and developed five gravity-fed springs. It set up four central state maintenance workshops and trained 200 hand-pump maintenance mechanics. A 1988 impact evaluation found that the project had saved women and children much time in water collection. It found significantly greater decreases in the prevalence of wasting among children under three years old and of dracunculiasis in the intervention area than in the control area. The Government has devoted considerable resources to replicating the approach nationally through the Directorate of Food, Roads and Rural Infrastructures. In spite of these achievements, national access to rural water supply remains low. Having replicated the experience of pilot local government area activities in six states, the priority now is to consolidate the approach.

Advocacy, social mobilization and external relations

16. In such a large and diverse country, advocacy and social mobilization are central to child survival strategies. Extensive high-level advocacy, supported by capacity-building in the Nigerian media, played a major role in the country programme. The Nigerian Television Authority set up a child survival and development (CSD) secretariat. All 21 state branches of the national television and 19 state and national radio stations created

production units for child survival programmes. In 1988, six major NGOs with about 3 million members began mobilizing parents and children for EPI. The newly created Better Life for Rural Women, led by the First Lady, as well as Nigerian artists and intellectuals, joined the drive for CSD. Health educators have played a role in areas beyond the reach of the media.

17. Many political and community leaders, as well as government and non-governmental agencies, have joined a growing coalition for child survival and have shown a high level of commitment. UNICEF-assisted programmes in health, water supply and sanitation and household food security and nutrition have received significant allocations of scarce local resources. The Government and NGOs also contributed directly to supplementary funds in both local currency and in United States dollars. This amounted to an average of approximately $4 million over each of the past three years. Additionally, the reimbursable procurement system enabled state health ministries to buy about 35 per cent of the offshore EPI supplies. Nigeria is among the few developing countries buying most of its own vaccines.

Planning, monitoring and evaluation

18. External and internal evaluations included assessments of the cost-effectiveness, coverage and impact of immunization, the effectiveness of integrated basic services, the impact of social mobilization strategies and the situation of street children. UNICEF began to assist the Government to monitor the social impact of SAP. UNICEF also worked with national statistical and research agencies, universities and professional associations to develop indicators for the situation of children and women.

19. The preparation of the 1991-1995 country programme involved the collection of information on socio-economic conditions of children and women nationally and in eight states. This included a rapid survey of households in order to fill data gaps. It led to the establishment of one national and eight state task forces on the situation of children and women. The launching of the state and national situation analysis reports provided an opportunity to publicize the Convention on the Rights of the Child. In preparation for the World Summit for Children, a seminar was held in which discussions centred on the Convention.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $65 000 000
Supplementary funding: $60 000 000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	24 813	24 979	49 792
Water supply and sanitation	13 650	12 220	25 870
Household food security and nutrition	7 627	9 921	17 548
Basic education	10 943	10 298	21 241
Children in especially difficult circumstances	471	793	1 264
Advocacy and social mobilization	3 254	1 000	4 254
Planning, monitoring and evaluation	4 242	789	5 031
Total	65 000	60 000	125 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme objectives

20. The objectives are derived from a synthesis of the priorities of the national rolling plan, 1990-1992, and the global goals and strategies for children and development in the 1990s. The programme will increase access to PHC, promote widespread rural water supply and sanitation coverage, improve nutritional practices and strengthen basic education.

21. The national outcome objectives of the programme for the period 1991-1995 are to reduce: (a) IMR by 25 per cent; (b) U5MR by 15 per cent; and (c) MMR by 15 per cent. In eight focus states, with a total population of 38.7 million, the goals are to reduce: (a) IMR by 30 per cent; (b) U5MR by 20 per cent; and (c) MMR by 20 per cent. In two urban local government areas,

the goal is to improve the survival, protection and development of children in especially difficult circumstances.

Programme strategy

22. The country programme will provide a framework through which the Government and UNICEF will support interrelated programmes, projects and activities in different sectors and at federal, state and local levels. The strategy takes into account the goals contained in the Summit Plan of Action and is based on four central concepts: reaching vulnerable and inaccessible groups; preventing and treating those diseases that are responsible for most of the ill-health and deaths in communities; stressing community involvement based on a high level of awareness; and reducing geographical and gender disparities.

23. The programme will aim to remove obstacles to the survival of children and women by focusing on service delivery at the community level, supported by effective planning, budgeting, management, supervision and monitoring of programmes to address the underlying causes of problems affecting most of the population. In all projects, the programme will develop and test delivery strategies and management systems, as well as train field staff as a means of strengthening institutional capacity. It will strengthen the capacity of health, education and other services to make use of modern techniques for reaching as many people at as low a cost as possible. The dissemination of information and knowledge, using Facts For Life, will be a priority. The coalition of agencies involved in the programme will be broad enough to ensure that interests not conventionally associated with health become involved in CSD. Basic education and literacy for girls and women will receive renewed emphasis.

24. Since the beginning of the 1980s, successful UNICEF-assisted local government area models in different sectors have been replicated on a larger scale. The Government and UNICEF have agreed that EPI, ORT and the control of diarrhoeal diseases (CDD), advocacy and social mobilization, and monitoring and evaluation will continue at the national level. Because of limited UNICEF resources, however, the Government has decided that the programme should assist eight states containing 155 of the 453 local government areas so as to develop models for integrating child survival initiatives with basic service delivery. The focus States are Bauchi, Benue, Cross River, Gongola, Kaduna, Niger, Ondo and Oyo. They contain 38.7 million people, about one third of the national population. Selection criteria included geographical and ethnic spread, the degree of commitment to PHC and the possibility for disparity reduction.

25. National projects will consist of activities with the federal and all state governments. Subnational projects will operate in the focus states and support state-wide initiatives in 155 local government areas and community activities in 46 model local government areas. In 1991, projects will start in 16 local government areas where PHC implementation is most advanced, where there is momentum for a reorientation of community-level services. In 1992

and 1993, an annual target of 15 additional local government areas will receive assistance, thus allowing the states to complete PHC introduction in all local government areas. Local government areas with low coverage of PHC services, high prevalance of dracunculiasis and IMR and reported outbreaks of measles and other EPI diseases will receive priority for inclusion in the programme. In 1994 and 1995, the programme will facilitate the convergence of new programmes and projects in 46 model local government areas with a combined population of 11.5 million people, about one third of the population of the eight focus states. There will be six programmes: PHC; household food security and nutrition; water supply and sanitation; basic education; advocacy and social mobilization; and planning, monitoring and evaluation. There will also be a small area-based programme for children in especially difficult circumstances in two urban local government areas.

Primary health care

26. At the national level, the health programme will include policy promotion and management support to the health sector in general, and PHC in particular. The priorities for national policy promotion include nutrition and micronutrient disorders. The programme will also aim to build Bamako Initiative principles and strategies developed in the 46 model local government areas into the national PHC programme. It will also include EPI and ORT/CDD projects to maintain UCI and ORT in all states. At the subnational level, the programme will consist of management support for PHC in the 155 local government areas of the focus states and the development and testing of community-based PHC systems from points of first referral upwards in the model local government areas. Another project will introduce Ivermectin for the treatment and prophylaxis of river blindness in endemic areas of 12 local government areas in four of the focus states. The Bamako Initiative will be the main strategy for strengthening the operation of PHC at the community level by reinforcing management systems and community participation based on cost-sharing. The strategy includes micro-planning, social mobilization and programme monitoring and emphasizes the training of qualified staff, village health workers (VHWs) and TBAs in correct case management and appropriate preventive measures. This will serve as a vehicle for growth monitoring and initiatives in the control of key diseases such as ARI, malaria and micronutrient disorders.

27. The national objective is to reduce EPI disease incidence by 65 per cent by 1995 and polio incidence to one case per 100,000 people by immunizing at least 85 per cent of children under one year old and women of child-bearing age. In the focus states, the programme will adopt a disease control and eradication strategy. The subnational impact objective is to reduce measles deaths and the incidence of neonatal tetanus by 50 per cent by 1995. Key activities will include increasing outreach, strengthening logistics and the cold chain, intensifying mobilization and advocacy, training and retraining 5,000 health workers annually and promoting periodic acceleration activities. The project will strengthen sentinel surveillance and set up a computerized data bank for improved monitoring. A major priority of the first year will be to establish baseline benchmarks for the programme. The Government and Rotary

International will provide vaccines, while UNICEF and state or local governments will provide other supplies.

28. The national CDD project will assist in setting up 1,500 ORT units in existing health facilities. It will train one health worker per facility in the clinical management of diarrhoea and CDD in the household and the community. VHWs and TBAs will undergo training and retraining. The project will include supervisory management skills training for all 453 local government area project managers and the mobilization and training of health professionals and NGOs. The subnational impact objective is to strengthen CDD and reduce the diarrhoea incidence rate among children under five years old from 4.3 to 3.7 episodes per year.

Household food security and nutrition

29. The objective is to reduce malnutrition among pre-school children from 22 to 11 per cent for moderate malnutrition and from 14 to 7 per cent for severe malnutrition by the end of 1995. The programme will improve household and community understanding of the causes and prevention of malnutrition and will improve the availability and use of basic staple food in households throughout the year. It will give priority to children between the ages of 12 and 36 months, pregnant women and women farmers. It will consist of four projects: infant and young child feeding; food production; food processing and storage; and food and nutrition policy development. These will operate in the model local government areas and provide improved planting materials and field-level assistance and training in nutrition and in appropriate crop and livestock production techniques. They will introduce technologies for the improved processing, packaging and preservation of food. The programme will set up at least six seed multiplication sites in each local government area and support operational research as a basis for food and nutrition policy development.

Water supply and sanitation

30. The programme will assist integrated water supply and sanitation and health education programmes in 11 States that contain 80 per cent of reported cases of dracunculiasis. Within the framework of the sector goals for widespread access, the programme will contribute to the elimination of dracunculiasis in the focus states and work with other agencies to achieve national elimination by 1995. The programme will strengthen the capacity of states and other agencies to accelerate access to safe water from 22 to 38 per cent and to safe sanitation from 15 to 40 per cent by 1995. The programme will consist of five projects: water supply; sanitation; hygiene and health education; elimination of dracunculiasis; and national water and sanitation support. It will provide 6,240 boreholes and 9,980 wells; improve 2,620 traditional sources; encourage the safe disposal of excreta through latrine technology; and train village-based workers in health education.

Basic education

31. Emphasis in 1991 will be on the preparation of a basic education programme for 1992-1995 along the lines of the Jomtien Declaration on Education for All. There will be two additional projects: education for women; and early child care, development and education. The former will boost functional literacy through women's and mass non-formal education programmes and education centres for girls and women. It will support the revision of different adult and non-formal education curricula to include messages for CSD. The early child-care project will use affordable community- and family-based approaches for the stimulation of pre-school children through health, nutrition, psycho-motor and cognitive development activities. The project includes the training of early childhood educators and the setting up of community-based child-care centres.

Children in especially difficult circumstances

32. UNICEF will assist a pilot programme to improve the income-generating capacity and living conditions of families with street working children in two local government area capital cities. There will be three projects: (a) development of a database and situation analysis; (b) learning, training and earning; and (c) NGO capacity-building. A situation analysis will cover all state capitals. Two other projects will be implemented in Calabar and Kaduna. The learning, training and earning project will develop income-generating and training opportunities for working children and their mothers. NGOs will be assisted in enhancing the income-generating capacity of families, communities and training institutions. Lessons from these projects will enrich the development of a national policy on working children.

Advocacy and social mobilization

33. This programme will aim to sustain and increase political commitment to child survival, protection and development through appropriate policy- and budget-making. It will improve the knowledge, attitudes, and practices and upgrade the communication skills of mass media workers and service providers in health, nutrition, education and related fields. There will be five projects: advocacy; mass media capacity-building; empowerment of families; community participation; and mobilization of NGOs. These will take place at the national level, but will give priority to the focus States. Project activities include dissemination of information, capacity-building in the mass media, a sustained and consistent training programme, collaboration with NGOs and the production and programming of a wide range of audio-visual and printed materials. The programme includes activities to facilitate the development and communication of a national policy on AIDS.

Planning, monitoring and evaluation

34. This programme will improve both the quality of information in programmes and projects and the reliability of data on the situation of children and women in Nigeria. It will set up sustainable systems for gathering, analysing

and using information on field activities for programming and advocacy. It will build capacity to plan, manage, monitor and evaluate projects in a cost-effective manner at all levels. It will consist of four projects: development of State data banks; planning and programming; monitoring the situation of children and women; and research and evaluation. Main activities include the training of managers and supervisors in programming, micro-planning and monitoring skills, the setting up of monitoring systems and the design and implementation of operational research and evaluation. The programme will be national in scope, but give priority to the focus states for systems development and training in planning, programming, monitoring and evaluation. Many partners, including government ministries, universities, research institutes and NGOs, will be involved. The planning and programming development project includes pilot activities to link teams from two Nigerian universities with communities so that they may both improve their research capabilities and strengthen service delivery.

35. In support of the National Programme of Action for implementing the Declaration of the World Summit for Children, UNICEF will assist the Government in designing a set of indicators and establish a system for monitoring progress towards global goals. The project to monitor the situation of children and women and undertake continuous reviews of the social impact of SAP will contribute to this. The Government will be assisted to reorient investments in favour of vulnerable groups and to target low-cost, high-impact projects to the most vulnerable. Monitoring and evaluation indicators for the country programme will include the percentage of children immunized with all antigens by their first birthday; women of child-bearing age immunized with two doses of tetanus toxoid; newborn babies with weight below 2,500 grams; deliveries attended by a trained health worker; children with weight-for-age below the third percentile; population living within 200 metres of a potable source of water; population living within 50 metres of a pit latrine or toilet; and women of child-bearing age who are functionally literate.

Coordination with other agencies

36. Joint planning sessions organized by the Federal Ministry of Health with UNICEF, the World Health Organization, the United States Agency for International Development/Combating Communicable Childhood Diseases and Rotary International will continue to ensure proper coordination with other agencies in programme implementation. Mechanisms are also in place to ensure coordination with the United Nations Development Programme, the World Bank, the European Economic Community, the Canadian International Development Agency, the Japanese International Cooperation Agency and the British Council, particularly in the water supply sector. The support of the Government of the Netherlands in household food security and early child care and development will continue.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Nigeria (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	170 (1989)	Very high U5MR
Infant mortality rate	102 (1989)	Very high IMR
GNP per capita	$ 290 (1988)	Low GNP
Total population	105 million (1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	2987	3723	4371	4931
Infant deaths (under 1)	(thousands)	421	443	481	503
Under-five deaths	(thousands)	702	737	800	838
Under-five mortality rate (per 1,000 live births)		235	198	183	170
Infant mortality rate (under 1) (per 1,000 live births)		141	119	110	102

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	..
	Severe	..	..
Babies with low birth weight (%, 1979/1983)		18	20*
Children completing primary level (% of first grade, 1980/1987)		..	63*

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1989)	../../..	90*/ 70*/ 64*
Prevalence of wasting (%, 1980/1983-1984)	16	21a/
Prevalence of stunting (%, 1980/1985)	..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)	95	90
Food production per capita index (Index 1979-1981=100, 1980/1989)	104	95
Household expenditure (% of total income, 1980-1985)	All food/cereals	52/ 18

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			35
Access to health services	Total	35	66
(% of population, 1980/1989)	Urban/rural	75/ 25	85 / 62
Access to safe water	Total	28	33*
(% of population, 1980/1989)	Urban/rural	68/ 18	58*/ 22*
Access to adequate sanitation	Total	..	..
(% of population, 1980/1987)	Urban/rural	../..	.. / 5
Births attended by trained personnel (%, 1980/1988)		40	38*
Maternal mortality rate (per 100,000 live births, 1979/1988)		..	800

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	23	19	72	..
	DPT	24	10	58	..
	Polio	24	10	57	..
	Measles	55	14	59	..
Pregnant women (%) immunized against	Tetanus	11	7	21	..

TABLE 1 (continued)

Nigeria

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	97/ ..	66/ ..
(%, 1980/1988)	Male	110/ ..	68/ ..
	Female	84/ ..	63/ ..
Secondary enrolment ratio (gross/net)	Total	19/ ..	23/ ..
(%, 1980/1988)	Male	24/ ..	28/ ..
	Female	13/ ..	18/ ..
Adult literacy rate, 15 years & older	Total	25	43
(%, 1970/1985)	Male/female	35/ 14	55/ 31
Radio/television sets (per 1,000 population, 1980/1988)		../6	164/6

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	56.6	78.4	92.0	105.0	149.6
Population aged 0-15 years	(millions)	..	40.6	45.2	52.1	80.1
Population aged 0-4 years	(millions)	..	16.0	17.8	20.5	30.4
Urban population (% of total)		20	27	31	35	43
Life expectancy at birth	Total	44	48	50	51	56
(years)	Male	42	46	48	49	54
	Female	45	49	51	53	57
Total fertility rate		6.9	6.9	6.9	6.9	5.9
Crude birth rate (per 1,000 population)		50	49	49	48	43
Crude death rate (per 1,000 population)		21	18	16	15	12

		About 1980	Most recent
Contraceptive prevalence rate (%, 1981-1982)		..	5
Population annual growth rate	Total	2.5	3.2
(%, 1965-1980/1980-1989)	Urban	4.8	5.9

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		4.2	-4.3
Inflation rate (%, 1965-1980/1980-1988)		14	12
Population in absolute poverty (%, 1977/1988)	Urban/rural	../..	../ ..
Household income share (%, 1977/1988)	Top 20%/bottom 40%	../..	../ ..
Government expenditure	Health/education	../ ..	1 / 3
(% of total expenditure, 1980/1987)	Defence	..	3
Household expenditure (% of total income, 1980-1985)	Health/education		3/ 4
Official development assistance:	$US millions	36	119
(1980/1988)	As % of GNP	0	0
Debt service (% of goods & services exports, 1980/1988)		2	24

a/ Aged 0-59 months, rural only.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1989-1990

(In thousands of United States dollars)

COUNTRY: NIGERIA
LATEST BOARD APPROVAL: 1989
GENERAL RESOURCES: $29,000,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	13196	9570	225	126	1548	148	2005	223	16974	10067	27041
Water supply and sanitation	2910	258	75		874	2	184	135	4043	395	4438
Nutrition	507	63		2		14	32	9	539	88	627
Education		2					12	7	12	9	21
Community organization and development	315	647	54	27		63	65	184	434	921	1355
Young child development		193		5		28	10	40	10	266	276
Women-centred programme								5		5	5
Advocacy	384	128	7	40	151		119	390	661	558	1219
Planning and project support	3231	43	107	17	646		392	495	4376	555	4931
Freight	454								454		454
GRAND TOTAL	20997	10904	468	217	3219	255	2819	1488	27503	12864	40367

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: NIGERIA Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	4965	4998	5010	4950	4890	24813
	NSF	4899	4995	5000	5000	5085	24979
Water supply and sanitation	GR	2680	2545	2755	2870	2800	13650
	NSF	3076	2310	2306	2129	2399	12220
Household food security	GR	1556	1553	1448	1530	1540	7627
	NSF	1810	2000	2032	2175	1904	9921
Education	GR	2208	2200	2275	2120	2140	10943
	NSF	1695	2138	2093	2180	2192	10298
Children in especially difficult circumstances	GR	135	125	86	74	51	471
	NSF	190	202	160	146	95	793
Social mobilization and advocacy	GR	646	709	617	636	646	3254
	NSF	175	185	225	225	190	1000
Planning and social statistics	GR	810	870	809	820	933	4242
	NSF	155	170	184	145	135	789
TOTAL	GR	13000	13000	13000	13000	13000	65000
	NSF	12000	12000	12000	12000	12000	60000
GRAND TOTAL		25000	25000	25000	25000	25000	125000

GR = General resources.
NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: NIGERIA	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	4	952
Local national Professional and General Service established posts	40	1265
Operating costs		1803
Total	44	4020
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	19	4139
Supplementary funds	2	452
Local national Professional and General Service project posts		
General resources	73	2567
Supplementary funds	14	390
Total	108	7548

a/ For information source, see 1992 post authorization table, dated January 1991.